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DECLARATION FOR UTILITY PATENT APPLICATION	Attorney Docket N . COOK 8713C4
	First Inventor: Daniel J. Cook
	Complete if Known
	Application No.
	Filing Date
	Art Unit
	Examiner Name

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **LARYNGEAL MASK**, the specification of which

is attached hereto.		
was filed on		
and was amended on	as United States App. No.	or PCT
International App. No.	(if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below:

<u>09/829,157</u> (Application No.)	9 April 2001 (Filing Date)	pending (Status - patented, pending, abandoned)
09/179,928 (Application No.)	27 October 1988 (Filing Date)	patented (Status - patented, pending, abandoned)
08/843,631 (Application No.)	10 April 1997 (Filing Date)	patented (Status - patented, pending, abandoned)

Direct all telephone calls to Ahaji K. Amos at Telephone No. (314) 872-8118.

Address all correspondence to Customer Number 001688.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Sole Inventor:

Daniel J. Cook

Inventor's Signature:

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PTO/SB/81 (06-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	The same of the sa			
	Filing Date				
	First Named Inventor	DANIEL J. COOK			
	Title	LARYNGEAL MASK			
	Art Unit	3761			
	Examiner Name	Dorrin B From			

		Attorney Do	ket Numb	er COOK 8	3713C	34	フ
I hereby appoint:	 			 i			
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Applicant/Inventor. Assignee of record of the state of t	the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. <i>PTO/SB/96</i>)					
	SIGNATURE of	Applicant or As	signee of	Record			
Name DANIEL J. (COOK //						
Signature	1,1/.						
Date	1/61/03			Telephone			
NOTE: Signatures of all the inventor forms if more than one signature is	s or assignees of record of the en required, see below.	tire interest or their	representati	ve(s) are required. Su	ıbmit mul	tiple	
*Total of1	forms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.